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Facsimile Cover Sheet

Confidential

DATE: July 7, 2006

TO: United States Patent and Trademark Office

FAX NUMBER: (571)273-8300

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 21

SUBJECT: Patent Application No. 10/607,118
Attorney Docket No. SJO920020150US1

The following documents are included in this facsimile transmission:

- 1) Facsimile cover sheet
- 2) Transmittal form
- 3) Petition for extension of time
- 4) Credit card payment form
- 5) Amendment (17 pages)

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

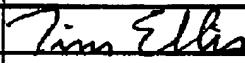
Total Number of Pages in This Submission

Application Number	10/607,118	RECEIVED
Filing Date	6-25-2003	CENTRAL FAX CENTER
First Named Inventor	Hajji	JUL 07 2006
Art Unit	2113	
Examiner Name	Riad. Amina	
Attorney Docket Number	SJ0920020150US1	

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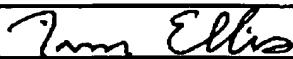
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Timothy Ellis, Patent Attorney		
Signature			
Printed name	Timothy N. Ellis		
Date	July 7, 2008	Reg. No.	41,734

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Date	July 7, 2008

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